

Safety Belts in Cars

SIR,—The Minister of Health has just reminded us in his Winchester Address (May 27, p. 1479), that his duty under the National Health Service Act, 1946, includes "to promote the establishment of a comprehensive health service designed to secure . . . the prevention . . . of illness" and "to provide, or secure the effective provision of, services." He has interpreted "illness" in the past to include injuries, as, for example, in the home.

For some months past the fitting of cars with safety belts has been progressing rapidly. Some private companies and some taxi services are already equipped. Four cases have come under my observation in the last year. Two patients were involved in accidents in cars not fitted with safety belts. Both received broken noses and other injuries, necessitating weeks in hospital and several weeks from work. One still suffers from loss of the sense of smell, the other from a lack of confidence in cars, a serious handicap in his work. The other two were involved in accidents while wearing safety belts. One ran into the back of a lorry so hard that the car was completely written off as beyond repair. The other turned his car upside-down and travelled in it 150 yards (135 metres) on the roof. Neither of these two received any injury or permanent upset as a result of the accident.

Four cases are not statistical evidence, not even added to Mr. Donald Campbell's miraculous escape, but much statistical evidence must now be available to confirm that safety belts save lives, reduce the number and severity of injuries, and probably the number of road accidents. The driver wearing a belt is less likely to be thrown out of his seat by sudden swerves and more likely to retain control of his car.

Although some car manufacturers have announced that some new models will be fitted with safety belts and one American insurance company has announced a reduction in the premium for cars with belts, much more initiative is needed to encourage this injury-reducing measure. The Minister of Health might well have statistics collected to persuade insurance companies that it is good business to encourage the provision of safety belts by reducing premiums on cars so fitted. He might also persuade his fellow Minister that road casualties can be so reduced, and suggest the reduction of road-fund licences on cars so fitted. There is seldom such a clear case for such a simple measure to reduce deaths and human suffering.—I am, etc.,

Gerrards Cross, Bucks.

ROBERT PIPER.

SIR,—Dr. A. Ward Gardner in his letter (May 20, p. 1463) refers to a possible association between whiplash injury of the neck and shoulder straps. I have not heard of this association; in the two cases I know of personally and others I have read about the injury was due to the patient's car being run into from behind. A head-high seat back would have prevented this injury, but safety belts would have had no effect one way or the other.

I am sure that the best belt is the combination of lap-strap and diagonal belt referred to in Dr. Gardner's letter, but if a simpler belt is wanted the diagonal belt appears preferable to the lap-strap, as it prevents facial injury and concussion although not lower-limb injury.—I am, etc.,

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J. B. MORWOOD.

SIR,—As one who is pursuing, in a small way, investigations into the mechanism of injury in car occupants, I was interested to see Dr. A. Ward Gardner's letter on safety belts (May 20, p. 1463). With due respect, Colonel Stapp's experiments do not necessarily reflect the pattern of injury in road accidents in this country. The danger of whiplash injury—unpleasant though it is—seems hardly as great as that of facial injury—for example, fractured jaws—which are much commoner.

Incidentally, I have just had a combined harness fitted to my car.—I am, etc.,

Leeds 10.

PETER WINTERSGILL.

Pernicious Anaemia in Jamaica

SIR,—I am very glad to see that in response to Dr. S. J. Baker (April 8, p. 1038) Dr. Richard Asher (May 6, p. 1316) has drawn attention again to the very frequent occurrence of anorexia, loss of weight, and various gastro-intestinal symptoms in pernicious anaemia. So many recent authors do not apparently read or else ignore the older literature on this subject and tend to make or accept broad statements and opinions without referring to original and factual publications. It is a very long time ago since I drew attention to these particular features, but reference to the *British Encyclopaedia of Medicine*, vol. 1 in the 1936 edition (and also to others of my publications prior to and since that date), will show the following under "Clinical Picture in Pernicious Anaemia":

" . . . These are mainly dyspepsia (80 per cent), flatulence (70 per cent), fullness after taking food (46 per cent), nausea, vomiting (56 per cent) or constipation (46 per cent), diarrhoea (25 per cent) and soreness of the tongue (61 per cent), sometimes even going on to ulceration. Epigastric pain and abdominal tenderness or soreness are common. Dysphagia and koilonychia are extremely rare (cf. hypochromic anaemia). Contrary to the general view there is often well-marked loss of weight and the condition may simulate gastric carcinoma."

These observations, all of which are contrary to Dr. S. J. Baker's statement, were based on observations made on several hundred patients and more recently on more than 3,000 of my patients with pernicious anaemia. I make no apology for reinforcing Dr. Asher's comments, because so many in recent years have made new "discoveries" about the clinical and other features of pernicious anaemia which have all been quite well known for more than 30 years, as these modern authors would find if they would read the earlier publications.—I am, etc.,

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JOHN F. WILKINSON.

Secondment Abroad

SIR,—Mr. D. R. Richard's article on his experiences in Northern Nigeria (May 13, p. 1382) is not only intrinsically interesting but also has a historic significance which deserves appreciation. At a period in our professional history when successive Presidents of the British Medical Association have chosen as the subject for their presidential addresses "Commonwealth and Common Health" (June 25, 1960, p. 1907) and "Medicine and Health on a Commonwealth Basis" (February 11, 1961, p. 375) it is heartening to read this example of a successful secondment from the National